

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002316

FILED
Apr 11, 2010
Secretary of State

Entity Name: BAYSIDE/RIVERSIDE PROPERTIES, LLC

Current Principal Place of Business:

300 N GREENE ST, SUITE 1000
GREENSBORO, NC 27401

New Principal Place of Business:

Current Mailing Address:

300 N GREENE ST, SUITE 1000
GREENSBORO, NC 27401

New Mailing Address:

FEI Number: 30-0120828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BELL, STEVEN D
Address: 300 N GREENE ST, SUITE 1000
City-St-Zip: GREENSBORO, NC 274011539

Title: MGRM
Name: ALLISON, D. SHOFFNER
Address: 300 N GREENE ST, SUITE 1000
City-St-Zip: GREENSBORO, NC 274011539

Title: MGRM
Name: JOHN M. AND FLAVEL M. GODREY
Address: 300 N GREENE ST, SUITE 1000
City-St-Zip: GREENSBORO, NC 274011539

Title: MGRM
Name: SWAIN, ROBERT D
Address: 300 N GREENE ST, SUITE 1000
City-St-Zip: GREENSBORO, NC 274011539

Title: MGRM
Name: MCNICHOLS, ROBERT
Address: 300 N GREENE ST, SUITE 1000
City-St-Zip: GREENSBORO, NC 274011539

Title: MGRM
Name: ROYCE O REYNOLDS REVOCABLE TRUST
Address: 300 N GREENE ST, SUITE 1000
City-St-Zip: GREENSBORO, NC 274011539

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN D. BELL

MGRM

04/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date